

HOMEBOUND READER DELIVERY SERVICE

You may email completed application to librarystaff@irwindaleca.gov, mail to 5050 N. Irwindale Ave., Irwindale, CA 91706 or hand to Senior Center Staff during your scheduled meal drop-off time.

APPLICATION FORM

Date: _____

Full name: _____

Address: _____

Phone number: _____

Best time of day to reach you: _____

E-mail address (optional): _____

Library card number: _____

Please provide either your California ID or driver's license number in order to obtain a library card if you do not already have one: _____

Medical reason for needing the service (confidential): _____

OR

☐ I reserve my right of privacy and choose not to give the medical reason for needing the service.

I certify that the above listed physical and/or medical problem is true and accurate to the best of my knowledge and limits me from visiting the Library in person; I desire to participate in the Homebound Reader Delivery Service, provided by the City of Irwindale, Library.

Signature of Applicant _____

Date _____

Additional Contact:

Your additional contact should be a family member, relative, caregiver or person close to you. We will contact this person regarding library materials checked out to you only if we are not able to reach you.

Contact name/Relationship to you: _____

Phone number and/or email address: _____

INTEREST FORM

How many items per delivery would you like to receive (5 max)? _____

Please check book formats you prefer:

☐ Regular print

☐ Large print

☐ Audiobooks

☐ Any format

Please check your interests:

☐ Best sellers

☐ Romance

☐ Science Fiction

☐ History

☐ Western

☐ Historical Fiction

☐ Mysteries

☐ Biographies

☐ Non-fiction

☐ Fiction

List your favorite authors: _____

List your favorite subjects: _____

Please note: Due to high demand there is a waiting period for new and popular items.